



Ohio Department of Health  
Bureau of Early Intervention Services – Help Me Grow



Early Track System Access Rights and Responsibilities Agreement

**Step 1:** Fill out the demographic information below for the person who is requesting access to the Early Track system. All of the fields **must** be completed to be granted access to the system.

Requester's Name:		
First	Middle	Last
Organization:		
Work Address:		
City:	State:	Zip:
County:	Email address:	
Telephone:		

**Step 2:** Check one box below which describes the appropriate role being requested for the person listed above. (See the next page for the chart showing the rights and responsibilities details.)

- ☐ Centralized Data Entry Staff
- ☐ Clinical Supervisor
- ☐ County Access—READ ONLY
- ☐ County System Administration/County Project Director
- ☐ HBCF (Hospital-based Child Find)
- ☐ NHV (Newborn Home Visit) Nurse – READ ONLY
- ☐ NHV (Newborn Home Visit) Nurse
- ☐ Referring Agent
- ☐ RIHP (Regional Infant Hearing Program)
- ☐ Service Coordinator
- ☐ Service Coordinator – READ ONLY
- ☐ Service Coordinator with Newborn Home Visit



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**RIGHTS ASSOCIATED WITH ROLES**

	Centralized Data Entry Staff	Clinical Supervisor	County Access - Read Only	County System Administration / County Project Director	Service Coordinator	Service Coordinator - Read Only	Service Coordinator with NHV	NBHV Nurse	NBHV- Read Only	Referring Agency	HBCF	RIHP
Assessment	Add	Add	Read	Edit	Add	Read	Add	Read			Read	Add
Caregivers	Edit	Edit	Read	Edit	Edit	Read	Edit	Read		Add	Add	Add
Case Notes	Edit	Edit	Read	Edit	Edit	Read	Edit	Read	Read	Edit	Edit	Edit
COSF	Add	Add	Read	Edit	Add	Read	Add				Read	Read
Demographics	Edit	Edit	Read	Edit	Edit	Read	Edit	Read	Read	Add	Add	Add
Eligibility	Add	Add	Read	Add	Add	Read	Add				Read	Read
Evaluation	Add	Add	Read	Edit	Add	Read	Add			Add	Add	Add
Exit	Add	Add	Read	Edit	Add	Read	Add	Read	Read		Read	Read
History	Read	Read	Read	Read	Read	Read	Read	Read	Read		Read	Read
IFSP Assessment	Add	Add	Read	Edit	Add	Read	Add				Read	Read
IFSP Detail	Add	Add	Read	Edit	Add	Read	Add				Read	Read
IFSP Family	Edit	Edit	Read	Edit	Edit	Read	Edit				Read	Read
IFSP Support	Edit	Edit	Read	Edit	Edit	Read	Edit				Read	Read
IFSP Service Dates	Edit	Edit	Read	Edit	Edit	Read	Edit	Read	Read	Read	Read	Read
Master Agency List Maintenance				Edit								
New Referral Prompt	Read			Read								
Newborn Home Nurses Maintenance				Edit								
NHV	Read	Read	Read	Read	Read	Read	Read	Read	Read	Read	Read	Read
NHV Agency	Read	Read	Read	Read	Read	Read	Read	Read	Read	Read	Read	Read
Referral	Edit	Edit	Read	Edit	Add	Read	Add	Read	Read	Add	Add	Add
Referral Risks	Edit	Edit	Read	Edit	Add	Read	Add	Read	Read	Add	Add	Add
Referral Tracking	Edit	Edit	Read	Edit	Add	Read	Add	Read	Read		Read	Read
Screening	Edit	Edit	Read	Edit	Add	Read	Add			Add	Add	Add
Service Coordinator	Edit	Edit	Read	Edit	Read	Read	Add	Read	Read	Read	Read	Read
Service Coordinator Funding	Edit	Edit	Read	Edit	Edit	Read	Edit					
Service Coordinators Maintenance				Edit								
Transfer Child	Edit	Edit		Edit	Read	Read	Read					
Transition	Edit	Edit	Read	Edit	Add	Read	Add					
Transition Preparation	Edit	Edit	Read	Edit	Add	Read	Add					
User Accounts				Edit								
View Broken Records				Edit								



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**Step 3:** The person requesting access must read, agree to, and sign the confidentiality agreement below:

**Code of Responsibility for Confidentiality and Security of Help Me Grow Data**

Security and Confidentiality are a matter of concern for all users of the Help Me Grow Early Track system and for all other persons who may have access to information from the Help Me Grow system. Every individual who is authorized to access Early Track must recognize the responsibilities entrusted to him/her in preserving the security and confidentiality of this information. Information related to individuals and families receiving Help Me Grow services and information in Early Track, including personally identifiable public health information, is information protected from unauthorized disclosure to others. Confidentiality requirements that apply to this data include, but are not limited to OAC Chapter 3701-8. City or county regulations or ordinances or other laws may place additional restrictions on data use and release.

An authorized user's conduct may threaten the security and confidentiality of this information. It is the responsibility of every user to know and understand the following:

1. Users must not perform or permit unauthorized use of any information in Early Track.
2. Users may not exhibit or divulge the contents of any record except as permitted under Ohio Revised Code and Ohio Administrative Code.
3. Users must not knowingly include or cause to be included in any record or report a false, inaccurate, or misleading entry.
4. Users must not remove or cause to be removed any copies of records from Early Track except in the performance of their Help Me Grow duties.
5. Users must not divulge or share security codes or user authorizations.
6. Users must not violate rules and regulations concerning Early Track access or improperly use passwords and user authorizations.
7. Users must not access, request others to access, or allow others to access Early Track for non-Help Me Grow activities.
8. Users must not seek to benefit personally or permit others to benefit personally by any confidential information in Early Track.
9. Users must not aid, abet, or act in conspiracy with another to violate any part of this code.
10. Authorization for access to Early Track terminates when a user's employment is terminated or when access to the data is not required for work related responsibilities.
11. Both the individual user and the agency by which they are employed have an obligation to protect the confidentiality and security of the information in Early Track.
12. Users must report any violations of this Early Track confidentiality and security code to the ODH Information Security Officer immediately.
13. Users must participate in ODH-sponsored data collection training, as required.

I have read and understand the Early Track Code of Responsibility for Security and Confidentiality of Help Me Grow Data. I will abide by this code and will protect all Help Me Grow and Early Track records as confidential.

Requester's Signature

Date



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**Step 4:** This request should be mailed or faxed to the county Help Me Grow Project Director.

**Step 5:** The county Help Me Grow Project Director/System Administrator or the Ohio Department of Health representative should read and sign below.

I have reviewed the information on this form, and find it to be correct to the best of my knowledge. The user requesting access to Early Track is either employed by, contracted by, or otherwise performing work at the request of this Help Me Grow project, and has need for access to the system. I understand that the user will have access to **personally identifiable** public health information, and agrees to be bound by all appropriate confidentiality agreements.

Authorized Signature

Date